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ABSTRACT

Family process and peer relationships for boys who showed depressive symptoms with or without co-occurring conduct problems in early adolescence were analyzed in this study. Also examined were outcomes in late adolescence and young adulthood including the relationship with parents and peers and graduation from high school for these boys. The sample analyzed was the Oregon Youth Study sample, an at-risk community sample. Samples were split into the following four groups: (1) co-occurring conduct problems and depressive symptoms; (2) conduct problems only; (3) depressive symptoms only; and (4) neither problem. Conduct problems were measured by teachers', parental, and children's reports. Depressive symptoms were measured by the child depression rating scale (self-report). Family process was divided into four areas such as discipline, monitoring, family activities, and parent and boy relationship. Family process was measured by parent and child interviews, observer impressions, and child report. Results showed that there was a significant stability of boy's depressive symptoms from early adolescence to the senior year of high school. These boys showed lower levels of parental supervision and involvement in early adolescence as well as poor relationship with parents and peers. At the senior year of high school these boys still showed poor relationships with parents and peers and high rates of academic failure. Boys who showed co-occurring conduct problems and depressive symptoms in early adolescence showed the highest rates of problems in young adulthood. These findings indicate that early adolescent depressive symptoms are likely to predict similar deficits in late adolescence as in early adolescence. (WP)

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Family process and high school adjustment of boys who showed depressive symptoms with and without co-occurring conduct problems in early adolescence

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Family process and high school adjustment of boys who showed depressive symptoms with and without co-occurring conduct problems in early adolescence

An important issue in the study of the association between family processes and depressive symptoms is that the latter frequently co-occur with other problems, such as externalizing symptoms including conduct problems. If some account is not taken of co-occurring problems, then an association between a particular family process and depression in children could be due to the association of both with the co-occurring problem. This is especially true for conduct problems, which tend to be strongly related to aspects of family process.

Today, I am going to talk first about family process and peer relationships for boys who showed depressive symptoms with or without co-occurring conduct problems in early adolescence. Second, we will examine outcomes in late adolescence and young adulthood including relationship with parents and peers and graduation from high school for these boys. The analyses were conducted on the Oregon Youth Study (OYS) sample, an at-risk community sample, that is described in Table 1.

In the study conducted at Grade 6 (Capaldi, 1991, 1992), we examined a failure hypothesis; that boys' conduct problems would interfere with developing competence and these boys would then experience failures that would make them vulnerable to depressed mood. At Grade 6, the boys were split into four groups as follows:

1. Co-occurring (CO-OCCUR) conduct problems and depressive symptoms if they showed elevated symptoms (.5 or more standard deviations above the mean) in both areas at Grade 6 (age approximately 11-12 years).

2. Conduct problems only (C-P) if they were elevated on conduct problems alone in Grade 6.

3. Depressive symptoms or mood only (D-M) using similar criteria.

4. Neither problem (LO-LO) if they were not elevated for either problem at Grade 6.

Measures of conduct problems, depressive symptoms, and family process are described in Table 2.

Results

At Grade 6, considerable overlap was found between conduct problems and depressive symptoms, such that about 45% of boys elevated on one problem were also elevated on the other. The findings for a multivariate analysis of variance of family process are shown in Table 3. Three sets of contrasts were run comparing the C-P group to the LO-LO group, the D-M group to the LO-LO group, and the CO-OCCUR group to the C-P group. Significant contrasts are marked on the tables.

Parents for both groups elevated for conduct problems showed more coercive and inconsistent discipline, but that was not the case for boys who were only elevated on depressive symptoms. All three higher problem groups showed poorer parental monitoring. Although the univariate test was nonsignificant, group comparisons for family activities showed a trend for parents of depressed boys to participate in fewer family activities with their sons. The boys elevated for depression only did not experience significantly poorer discipline, but were supervised less and their parents were less involved with them than boys showing neither of the problem behaviors.

With regard to relationship with parents, a different picture emerged from parent and

boy report. (See Table 4.) Parents reported the poorest relationship with their sons if they were in either of the elevated conduct-problem groups. Boys reported the poorest relationships with their parents if they were in either of the elevated depressive-symptoms group. Means for peer relationships indicated that parents and teachers reported that boys with depressive symptoms showed some deficit, but not nearly as severe as boys elevated on conduct problems. The boys themselves reported poor relationships with their friends if they had high levels of depressive symptoms, but not if they only showed higher levels of conduct problems.

Overall, findings of the 6th-Grade study indicated a second pathway to depression (in addition to the one associated with conduct problems and the failure model) which applied to the boys who were high on depressive symptoms but low on conduct problems. The findings on family process for these boys presented a picture of parental neglect or indifference, rather than of the coercive discipline and strong parental rejection of the high conduct-problem boys. The boys themselves perceived very little parental support and also reported very poor relationships with friends, indicating very low social support for this group.

In the second set of analyses, we predicted from early adolescent conduct problems and depressive symptoms to late adolescent and young adult functioning. For these analyses, we based assignment to high/low conduct problems and high/low depressive symptoms on behavior in Grades 6, 7, or 8 (ages 11-14 years), using the same .5 standard deviations or higher criterion we used at Grade 6. High conduct problems and depressive symptoms had to co-occur at the same grade for the boy to be rated as showing co-occurring problems.

Measures of conduct problems and depressive symptoms at each grade were as already described above.

I am now going to focus on outcomes in late adolescence/young adulthood that were associated with earlier symptoms of depression and not on those that showed a main effect of conduct problems only. Table 5 shows standardized mean levels of conduct problems and depressive symptoms at age 17-18 for the groups defined in early adolescence, along with average number of juvenile arrests. A two-way multivariate analysis of variance was conducted that indicated significant stability for both conduct problems and depressive symptoms from early to late adolescence. However, both earlier conduct problems and depressive symptoms predicted to conduct problems and depressive symptoms at Grade 12. Note that the CO-OCCUR group shows the highest mean level of conduct problems and depressive symptoms. The main effect of depressive symptoms indicates that the D-M group was still significantly elevated at Grade 12. Note that only the two groups elevated for conduct problems had higher arrest rates. Early adolescent depressive symptoms alone did not predict later arrests.

Relationship with parents at Grade 12 again indicated a main effect of conduct problems in early adolescence on parent report, but a main effect of earlier depressive symptoms on the young man's report. (See Table 6.) These young men still felt they had little support from their parents. We found a very interesting pattern regarding relationships with peers at Grade 12. Report of peer acceptance by others, namely teachers and parents, indicated that early adolescent conduct problems and depressive symptoms contributed to poor peer relationships, additively and interactively. Thus, the CO-OCCUR group had

extremely poor peer relationships at this age. For self-report of peer relationships, there was no main effect of conduct problems, but there was a main effect of depressive symptoms and an interactive effect of conduct problems and depressive symptoms. Conduct-problem only boys reported good relationships with peers, whereas the co-occur boys reported especially poor peer relationships. Again, the depressive-symptoms only boys perceived little support in their association with parents and peers, as had been the case in early adolescence. Boys with the co-occurring problems in early adolescence had very poor relationships with parents and especially peers at this young adult age.

The continuing adjustment deficits of the boys with depressive symptoms only or co-occurring problems in early adolescence were seen again in their failure to graduate from high school and move on to higher education. (See Table 7.) There was a main effect of both earlier conduct problems and depressive symptoms on rates of high-school graduation and attendance at a 2- or 4-year college in the year after high school and this additive effect is seen in the very low graduation rates for co-occur boys. To check that the effect was not entirely due to earlier levels of academic skill, we conducted logistic regression analyses predicting graduation and higher education from early adolescent conduct problems, depressive symptoms, and academic skill. Conduct problems and depressive symptoms, but not academic skill, predicted regular high-school graduation in the multivariate model. Early adolescent academic skill predicted failure to enter higher education for high school graduates. So, even controlling for academic skill levels and conduct problems, depressive symptoms in early adolescence predicted failure to graduate from high school.

The findings of the current study indicate that there is significant stability of boys'

depressive symptoms from early adolescence, or junior high-school age, to the senior year of high school. These boys showed lower levels of parental supervision and parental involvement in early adolescence as well as poor relationships with parents and peers, especially according to self-report. At the senior year of high school these boys still showed poor relationships with parents and peers and high rates of academic failure. It is possible that failure to complete high school was related to the poor supervision and low parental involvement that these boys had experienced. Boys who showed co-occurring conduct problems and depressive symptoms in early adolescence showed the highest rates of problems in young adulthood. The additive and interactive effects of conduct problems and depressive symptoms predicted extremely low rates of high-school graduations for this group, and particularly poor relationships with peers.

In summary, depressive symptoms in early adolescence for the at-risk boys in this study were not just a transitory phenomenon that would disappear or that would be unrelated to adjustment in late adolescence and young adulthood. These findings show that early adolescent depressive symptoms are likely to linger and to predict similar deficits in late adolescence as in early adolescence, namely, poor relationships with parents and peers as well as lower rates of high school completion. The combination of depressive symptoms and conduct problems in early adolescence signals major adjustment problems and failures for the boy throughout adolescence. These findings would indicate the value of an experimental trial to test whether depressive symptoms in boys may be reduced by increasing parental supervision and positive involvement with their sons and also by improving peer relationships.

Reference

Capaldi, D. M. (1991). Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: I. Familial factors and general adjustment at 6th Grade. Development and Psychopathology, 3, 277-300.

Capaldi, D. M. (1992). Co-occurrence of conduct problems and depressive mood in early adolescent boys: II. Two year follow-up at 8th grade. Invited submission. Development and Psychopathology. Special issue on depression across the life span.

Table 1

Oregon Youth Study Sample

Medium-sized Pacific Northwest city

Recruited from elementary schools with high incidence of delinquency in the neighborhood

74.4% of Grade 4 boys and families agreed to participate

Grade 4 N = 206 Grade 12 N = 201

Yearly multi-method/agent assessments including parent and child interviews, home observations, videotaped interaction tasks, school data, and records data including juvenile court

Predominantly White sample
75% lower and working class
50% moved in first 2 years of study.
55% boys arrested by age 18

Table 2

6th Grade Measures

Conduct Problems:

- Teacher Report (CBC-L, Peers, and Social Skills Questionnaires)
- Parent(s) Report (CBC-L, Antisocial Behavior Questionnaire, Phone Interview)
- Child Report (Interview, Phone Interview, Interviewer Impressions)

Depressive symptoms:

- Child Depression Rating Scale (self-report)

Family Process

Discipline:

- Parent(s) Interview
- Observer Impressions
- Parent(s) Interviewer Impressions

Monitoring:

- Child Interview
- Parent(s) Interview Impressions
- Mother Interview

Family Activities:

- Parent(s) Report
- Child Report

Parent/Boy Relationship:

- Parent Interview
- Child Report (Parent Attachment Questionnaire)

Table 3

Grade 6. Family Management

	LO-LO	C-P	D-M	CO-OCCUR	*p* level
N	111	32	29	23	
Discipline	.27	-.43***	-.01	-.43	< .001
Monitoring	.25	-.25*	-.29**	-.44	< .001
Parent report of family activities	.12	.00	-.26[t]	-.21	n.s.
Child report of family activities	.11	.02	-.35*	-.12	n.s.

*p < .05
**p < .01
***p < .001

Note: Construct scores standardized

Table 4

Grade 6. Parental and Peer Relationship

	LO-LO	C-P	D-M	CO-OCCUR	*p* level
Relationship with parents:					
Mother report	.32	-.66***	.09	-.70	< .001
Father report	.39	-.75***	-.37*	-.59	< .001
Boy report	.39	-.24**	-.69***	-.61	< .001
Relationship with peers:					
Parent/Teacher report of peer acceptance	.37	-.82***	-.01*	-.65	< .001
Self-Report of relationship with friends	.23	.06	-.56***	-.44*	< .001

*p < .05
**p < .01
***p < .001

Table 5

2-Way analyses of variance: Conduct problems, depressive symptoms, and arrests in late adolescence (at Grade 12) by groupings on early adolescent conduct problems and depressive symptoms

					MAIN EFFECTS		
	LO-LO	C-P	D-M	CO-OCCUR	Conduct Problems	Depressive Symptoms	INTERACTION
N	76	38	39	47	*p*	*p*	*p*
Conduct Problems	-.44	.34	-.28	.71	< .001	< .05	n.s.
Depressive Symptoms	-.38	.13	.07	.41	< .01	< .01	n.s.
Number of Arrests	.96	5.33	.85	5.21	< .001	n.s.	n.s.

Table 6

2-Way analyses of variance: Relationship with parents and peers in late adolescence (Grade 12) by early adolescent groupings

	LO-LO	C-P	D-M	CO-OCCUR	MAIN EFFECTS: Conduct Problems	MAIN EFFECTS: Depressive Symptoms	INTERACTION
Relationship with parents:							
Mother construct:	.26	-.25	.09	-.35	< .001	n.s.	n.s.
Father construct:	.22	-.46	.09	-.31	< .01	n.s.	n.s.
Young man's report	.27	-.05	-.17	-.30	n.s.	< .05	n.s
Relationship with peers:							
Parent/teacher report peer acceptance:	.29	.14	.12	-.65	< .001	< .001	< .05
Self-Report relationship with friends	.09	.38	-.05	-.47	n.s.	< .001	< .05

Table 7

2-Way analyses of variance: Completion of education by early adolescent groupings

					MAIN EFFECTS		
	LO-LO	C-P	D-M	CO-OCCUR	Conduct Problems	Depressive Symptoms	INTERACTION
N	77	39	39	48	*p*	*p*	*p*
Regular high school graduate	.70	.44	.49	.17	< .001	< .001	n.s.
In higher education (2- or 4-year college)	.40	.15	.26	.00	< .001	< .01	n.s.